138497

BOOK 200 PAGE 489

FILED FOR RECORD
SKAMANIA CO. WASH
SKAMANIA CO. TITLE

JUN 30 1 25 PM '00
D Lawry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Pauline Hathaway

Address 2610 SE 164th Street

City/State Vancouver, WA 98683

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Hathaway, Clifford Francis
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
20923
JUN 30 2000
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Hathaway, Pauline C.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 2 Sunshine Acres, according to the recorded plat thereof recorded in Book A of Plats, Page 24, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor
Date 6/30/00 Parcel # 1-5-11-1-2100

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 01-05-11-1-0-2100-00

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. DISTRICT: M-1
2. COPIES: 2+1
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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STATE FILE NUMBER

1. NAME — First: Clifford; Middle: Francis; Last: HATHAWAY
2. SEX (M / F): Male
3. DEATH DATE (Mo., Day, Yr.): November 9, 1998
4. AGE LAST BIRTHDAY (Yrs): 90
5. UNDER 1 YEAR — MOS / DAYS
6. UNDER 1 DAY — HOURS / MINS
7. BIRTHDATE (Mo., Day, Yr.): 4/6/1908
8. BIRTHPLACE (City, State or Foreign Country): Roseburg, OR
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): Yes
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN ☒ 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE — SW Washington Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Pauline C. Gory
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Builder
19. KIND OF BUSINESS OR INDUSTRY: Construction
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 1042 Riverside Dr.
23. CITY/TOWN, OR LOCATION: Washougal
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO.: 55 Yrs
26. STATE: WA
27. ZIP CODE: 98671
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Harry Hathaway
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Fannie Starmer
30. INFORMANT - NAME: Pauline Hathaway
31. MAILING ADDRESS — STREET OR RFD NO.: 1042 Riverside Dr. CITY OR TOWN: Washougal STATE: WA ZIP: 98671
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo., Day, Yr.): 11/13/1998
34. CEMETERY/CREMATORY—NAME: Camas Cemetery
35. LOCATION—CITY/TOWN, STATE: Camas, Washington
36. FUNERAL DIRECTOR SIGNATURE: X C. M. Sieverkropp
37. NAME OF FACILITY: STRAUB'S FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave Camas, WA 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
40. DATE SIGNED (Mo., Day, Yr.):
41. HOUR OF DEATH (24 Hrs.):
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver WA

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X Medical Examiner
44. DATE SIGNED (Mo., Day, Yr.): Nov.10,1998
45. HOUR OF DEATH (24 Hrs.): 1615
46. PRONOUNCED DEAD (Mo., Day, Yr.): Nov. 9,1998
47. HOUR PRONOUNCED DEAD (24 Hrs.): 1615
48. ME/CORONER FILE NUMBER: 98-947

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
B Calcific Aortic Valvular Disease and — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
C Occlusive Atherosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH
D — INTERVAL BETWEEN ONSET AND DEATH

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52. AUTOPSY? (Yes / No): Yes
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Accident
55. INJURY DATE (Mo., Day, Yr.): 11-06-98
56. HOUR OF INJURY (24 Hrs.): Unknown
57. DESCRIBE HOW INJURY OCCURRED: Deceased fell at Home
58. INJURY AT WORK? (Yes / No): No
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify): Home
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE: 1042 Riverside Drive Washougal Wa

61. RECORD AMENDMENT (Registrar use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE
62. REGISTRAR SIGNATURE: X Karen Steingart, MAS
63. DATE RECEIVED (Mo., Day, Yr.): NOV 12 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)
A
DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

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